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PTO/SB/50 (4/98)
 Approved for use through 09/30/2000. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	074309.000014
	First Named Inventor	James W. Schiek
	Original Patent Number	6,053,883
	Original Patent Issue Date (Month/Day/Year)	April 25, 2000
	Express Mail Label No.	

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
 (check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> * Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
5. Original U.S. Patent	11. <input type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
or <input type="checkbox"/> Ribboned Original Patent Grant	13. <input type="checkbox"/> Other:
<input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(If Yes, check applicable box(es))
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)	
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	

*** NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

14. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)			
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Signature	<i>Mark A. Tidwell</i>	Date	8/18/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 074309.000014		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 11	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 12	**** 0	=	x \$ 9 =	0	or	x \$ ____ =
(C) 2		(D) 2	* 0	=	x \$ 39 =	0		x \$ ____ =
Basic Fee (37 CFR 1.16(h))						\$345	OR	\$ ____
Total Filing Fee						\$345		\$ ____
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 12	MINUS	** 11	* = 1	x \$ 9 =	9	or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS	***** 2	= 0	x \$ 39 =	0		x \$ ____ =
Total Additional Fee						\$ 9	OR	\$ ____

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0259.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 354.00 to cover the filing / additional fee is enclosed.

8/18/00
Date

 Signature of Applicant, Attorney or Agent of Record

Mark A. Tidwell

Typed or printed name

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application of:

Assignee:

Patent No. 6,053,883

Serial No.: 08/290,678

Filed: August 15, 1994

Which is a Continuation of

Serial No. 08/023,300

Filed: February 26, 1993

Which is a continuation of

Serial No. 07/728,742

Filed: July 12, 1991

Issued: April 25, 2000

SUPPORT AND UTILITY BELT

Sir:


The undersigned, John Schiek,^{Vice} Pres.

Date _____

By:

John Schiek

Title:

REISSUE APPLICATION BY THE ASSIGNEE, OFFER TO SURRENDER PATENT		Docket Number (Optional) 074309.000014
This is the part of the application for a reissue patent based on the original patent identified below. <div style="text-align: right;">✓</div>		
Name of Patentee(s): James W. Schiek, Sr.		
Patent Number 6,053,883	Date Patent Issued: April 25, 2000	
Title of Invention Support And Utility Belt		
<u>Schiek's Sports, Inc.</u> is the assignee of the entire interest in the original patent.		
I offer to surrender the original patent.		
<input checked="" type="checkbox"/> A certificate under 37CFR 3.73(b) is attached.		
I am authorized to act on behalf of the assignee.		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.		
<u>SCHIEK'S SPORTS, INC.</u> Name of assignee		
<u></u> Signature of person signing for assignee		<u>7/24/2000</u> Date
Typed or printed name and title of person signing for assignee <u>John A. Schiek</u> Title: <u>Vice President</u>		

PTO/SB/54 (12/97)

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** TOTAL PAGE 02 **